FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08510

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS (0)

BLOCK & COLUCCI, P.C.

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							it dente minit	BERES MINIS	BIRST BERR IRM
			S. HIGHWAY ONE						
SUITE 400 JUPITER FL 3	27477	SUITE 400 JUPITER FL 33477			DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualified				
						12/23/1985			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		$\overline{}$	Applied For
21		26				16-1017689			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27			3. Certificate of otatos Desired		Fee	Required	
City & State	e	City & State			6. Election Campaign Financing	_		00 Мау Ве	
23		28				Trust Fund Contribution		Add	ed to Fees
Zip	<u> </u>	Country			•	8. This corporation owes or has pa	_	_ ′	_ ~
24	25	29	30	3		Personal Property Tax due June		Yes	∐ No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	gistered	agent	
COLUCCI, ANTHONY J., JR.				"	(Agrite				
1001 N. U.S. HIGHWAY ONE				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	ITE 400								
JUPITER FL 33477				83					
Ì				84	City		FL	85 Z	ip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the aboffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statu					named corns	ration submits this statement for the		abangin	a its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was	s authorize	d by	the corporation	on's board of directors. I hereby acce	pt the app	ointment	as registered
	m familiar with, and accept the obligat	tions at, Section 607.0505, I	Florida Sta	tutes	š.				
SIGNATURE	Signature, typed or printed name of registered agent	t and title it applicable. (N	OTE Registere	d Age	nt signature requires	d when reinstating)	DATE		 ,
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 T	ITLE				Chang	e 🔲 Addition
NAME	COLUCCI, ANTHONY J., JR.		1.2 N	AME					
STREET ADDRESS 1001 N. U.S. HIGHWAY ONE, SUITE 400 1.3			TREET	ADDRESS					
CITY-ST-ZIP	JUPITER FL		1.4 0	my-s	T-ZIP				
TITLE	~ \$D -	DELETE	2.1 7	ITLE	5			Chang	ge 🔲 Addition
NAME	-BROWN, STEVEN S.		2,2 N	AME	130	ei Peller			
STREET ADDRESS	12 CENTURY HILL DR.		2.3 S	TREET	ADDRESS				ĺ
CITY - ST - ZIP	LATHANM NY 2.4		2, 4 (CITY-S	ST-ZIP				
TITLE	4	DELETE	3.1 T	ITLE	1			Chang	ge 🔲 Additløn
NAME	BROWN, DAVID S.		3,2 N	AME	mi	chael Schafer			
STREET ADDRESS	12 CENTURY HILL DRIVE		3.3 S	TREET	ADDRESS	D			
CITY - ST - ZIP	LATHAM NY			CITY-S	ST- ZIP				
TITLE		☐ DELETE	4.1 T	ITLE				☐ Chang	je 💹 Addition
NAME			4, 2 1	JAME	₩)e	bra Spellman			
STREET ADORESS			4.3 S	TREET	ADDRESS / Z	bra Spellman Gentury Hill Or.			
CITY-ST-ZIP	·		4.4 C	ΠY-\$	T-ZIP	Ham, NY			
TITLE		DELETE	5.1 T	ITLE		•		Chang	je 🗌 Addition j
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE